

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-023066

STATE FILE NUMBER

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2958

FILED JUN 25 1962

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Length of stay in 1b 22 yrs.	c. CITY OR TOWN Kansas City MO Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION General Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside give location) 907 1/2 Weymouth Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print)	First Anita Middle Griffin Last Griffin	4. DATE OF DEATH Month June Day 1 Year 1962
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5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH 3-6-1923	9. AGE (last birthday) 39	IF UNDER 1 YEAR Months 3 Days 9	IF UNDER 24 HR Hours 3 Min. 9
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and state or country) Hugo Colo	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME Ozro Castle	13b. MOTHER'S MAIDEN NAME Rosie Halden	14. NAME OF HUSBAND OR WIFE 89 Mrs Ozro Castle - 3936 E 12th Ave.
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. [REDACTED]	17. INFORMANT 89 Mrs Ozro Castle - 3936 E 12th Ave.
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18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Severe nutritional cirrhosis		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Terminal G.I. hemorrhage	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour 5-23-62 Month, Day, Year 6-1-62	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION 6-1-62		COUNTY 6-1-62 STATE 6-1-62

21. I attended the deceased from 5-23-62 to 6-1-62 and last saw her alive on 6-1-62 Death occurred at 6:45 P m on the date stated above, and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE [Signature] (Degree or title) Frank Ellis	22b. ADDRESS 2400 Cherry	22c. DATE SIGNED 6-4-62
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 6-4-62	23c. NAME OF CEMETERY OR CREMATORY Maunsel Green	23d. LOCATION (City, town, or county) (State) Independence
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24. FUNERAL DIRECTOR R.R. Speaks	ADDRESS Independence	25. DATE RECD. BY LOCAL REG. 6-4-62	26. REGISTRAR'S SIGNATURE Ruth N Long
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(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

VS 300
Rev. 4/59

1
2 **3128**
3
4 **1**
5 **3**
6
7 **1**
8 **1**
9 **581.0**
10
11
12 **57-0**
13

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed RR Speaks

Licensed Embalmer No. 3604

P. O. Address Indy. Ind

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.